

Table 7 shows data relevant to the special targets. The major highlights are:

- While reported marijuana use in the past month was down, alcohol use by adolescents jumped sharply, rising from 35% to 44%. Similar results have been seen in other studies.¹⁵
- Both cigarette use and smokeless tobacco use have increased considerably among high school seniors since the baselines were set. Daily cigarette use more than doubled and smokeless tobacco use increased by 67 percent.¹⁶

Many of the community Healthy Carolinians 2000 Task Forces have selected substance abuse objectives, but most have had a difficult time finding local data. This underscores the problems encountered when trying to take state objectives to the local level. Despite the need for quantifiable data with which to plan interventions, accurate data on alcohol and substance abuse is difficult to obtain. People are reluctant to answer questions candidly concerning areas of their personal life, especially those with social stigma attached. Therefore, data on substance abuse are scant.

Two counties that have been working on substance abuse prevention are Surry and Madison. The Madison Community Health Consortium has encouraged the Board of Education to create "smoke-free" buildings. The principals and Board of Education members were given certificates of appreciation for acting to eliminate tobacco in the Madison County schools. Madison has also targeted pregnant women to receive prenatal classes to help them quit smoking. In Surry County, all high school students will receive pocket cards with a listing of local substance abuse services. These cards were an inexpensive way to put information at the fingertips of all high school students in Surry County.

Mental Health

In this area, the Governor's Task Force used three social manifestations or indicators of mental health as proxies for actual mental health prevalence. These were the reduction of suicides, the reduction of domestic and sexual assault, and an increase in the proportion of families identified at risk who received early intervention services. Two special targets were identified: young people showing signs of depression and families with histories of violence, stress, marital problems, or alcohol or drug abuse.*

As shown in Table 8, the suicide rate declined in 1993, but reports of violence in the home have increased from the 1990 baseline. Domestic assaults increased by 45%; child abuse and maltreatment increased by over 31%; and child sexual abuse increased by about three percent. These data for violence are based on substantiated reports of abuse, rather than the total number of reports.¹⁷ The Child Protective Services Section of the Department of Human Resources advises that the number of substantiated cases is probably low. While the total number of reports of child abuse may be more reflective of the actual number of cases, it was decided that a conservative estimate (substantiated reports) was preferable to one that may be inflated. Domestic violence reports have increased as the number of shelters for battered women increase.

* When the data were compiled for this study, it became clear that there was an error in the number of substantiated cases of child sexual abuse printed in *The Report of the Governor's Task Force on Health Objectives for the Year 2000*. The number of substantiated cases of child sexual abuse for 1990 was not 17,177 as stated, but rather 1,405. Since our baseline was based on incorrect data, the Year 2000 objective was changed to 1,365, to reflect the correct number of cases.